

How to Enroll in the SHOP Marketplace

Starting November 15, 2014, the online SHOP Marketplace is open for employers with 50 or fewer employees to enroll in coverage that starts as early as January 2015.

If you already have coverage through SHOP, you'll need to visit HealthCare.gov to renew your coverage. [Learn about renewing 2014 SHOP Coverage.](#)

If your business is in a state that's running its own SHOP Marketplace, follow your state's application and enrollment process. To find the SHOP Marketplace that will serve your business, visit the small business [employer's page](#) on HealthCare.gov and select your state from the menu. Or contact the SHOP Employer Call Center at 1-800-706-7893. TTY users should call 711 to reach a call center representative.

If your business is in a state that isn't running its own SHOP, you'll use HealthCare.gov to enroll. Select the **GET STARTED** link for your state, then follow these steps.

Create a HealthCare.gov account

If you're applying for SHOP coverage for the first time, follow these steps:

- **Answer a few questions.** On the **Create an account** page, you'll give your name, email address, preferred password, and answer a few security questions. These questions will be helpful in case you forget your username and/or password and have trouble logging in.

Select **CREATE ACCOUNT**. Follow the instructions on the screen to verify your email address and start using the SHOP Marketplace.

Create profile and verify your identity

- **Log into your Healthcare.gov account.** Enter your new username and password, and then select **I ACCEPT** on the **Terms & Conditions** page.
- Select the employer application. On the **WELCOME TO THE MARKETPLACE** page, select the **VISIT EMPLOYER MARKETPLACE** link.
- **Review your information.** Carefully review the details on the **My Profile** page and add or change any information that's missing, like your phone number and address. Select the **Verify Now** link.
- **Start identity proofing.** On the **Verify your identity screen**, select **GET STARTED**. This process will help protect your employees' and your personal information. Without this identity verification process, someone else could create an account in your name without your knowledge.
- **Enter data in required fields.** On the **Contact information** page, enter all data in the required fields and select **CONTINUE**.
- **Answer questions to verify identity.** Answer personal questions on the **Identity questions** page to confirm your identity. These questions will be different for each person. Select **CONTINUE**. On the next screen, you'll see one of 2 messages below:
 1. Your identity has been verified
 2. Your identity wasn't verified

If your identity is verified, select **CONTINUE** to start your SHOP application. If your identity wasn't verified, follow the directions on the screen.

Start a SHOP Marketplace application

To start your application, choose the state where your business is located from the drop down menu, then select **APPLY**. You must have a primary business address in the state where you're applying for SHOP coverage.

- **Get help with your application.** Select the **Get assistance** tab if you want SHOP enrollment help from an agent or broker. On the **Find an agent/broker** page, you can search a list of agents and brokers registered to work with the SHOP Marketplace in your area. Enter information about your location and preferred language. You'll have to authorize the agent/broker to act on your behalf.
 1. If you already have an agent or broker, you can enter the agent/broker's name and National Producer Number (NPN), if available.
 2. Make sure your agent or broker has completed the SHOP registration requirements, so you can authorize him/her to act on your behalf.

- **Start your eligibility application.** On the **My account** tab, select **My eligibility**. Then select the **Create** link.
- **Enter information about your business.** On the **Employer details** page, enter details about your business, like business name, business address, phone number(s), federal tax ID, and employer type. You'll also enter your businesses primary contact information. The primary contact is the person who will have access to your account to make premium payments and update enrollment.
- **Verify that you meet all SHOP eligibility requirements.** On the **Eligibility** page, click the box next to each statement to verify that your business meets all of the [SHOP requirements](#) to be eligible to participate in the SHOP Marketplace. Select **SAVE AND CONTINUE**.
- **Enter employee information.** On the **Employee details** page you'll list all employees who will get an offer of coverage, including you. To complete the employee roster, you'll need each employee's legal first and last name, date-of-birth, and social security number. While not required, it's also important to include their email address so they can be notified directly about your coverage offer. You'll also enter their address, employment status (like full or part-time), date-of-hire, and contact preferences. You can do this 2 ways:
 1. Select **ADD EMPLOYEE** to enter information about your employees one at a time on the **Employee roster** screen.
 2. Select **BLANK ROSTER** to download an Excel roster template. Once you complete this roster template, select **COMPLETED ROSTER** to upload the completed roster template with your employees' information. After you select the file from your computer, the file name will appear in the employee roster dialogue box.

After you create your enrollment criteria, only employees included on the roster will be included in your initial Open Enrollment Period. Once you've created or uploaded an employee roster, select **SAVE AND CONTINUE**.

- **Review and sign your application.** On the **Signature** page, you'll need to certify that the information on your application is valid. Click on the box showing that you agree to the terms of the application, enter your full name, and select **SAVE AND CONTINUE**.
- **Get an eligibility confirmation.** You'll get a confirmation letting you know if you're eligible to buy coverage through the SHOP Marketplace for your business. Select **CONTINUE** to go to the **My eligibility** page and start your enrollment criteria. You can also view, withdraw, or update your application there.

Create your enrollment criteria

Select the Create enrollment link on the My eligibility page to start your enrollment criteria.

- **Set your enrollment period.** On the **Set enrollment period** page, you can set the
 - **Enrollment period.** Your enrollment period is the timeframe your employees have to review your coverage offer, and accept or decline coverage.
 - **Effective date of coverage.** The effective date of coverage is the day you want to start coverage for your employees.
 - **New employee waiting period** You can decide how much must pass before coverage can become effective for a new employee hired after your SHOP Initial Enrollment Period or renewal. You're not required to set a waiting period, but if you do, it can't last longer than 90 days. [Learn how your coverage start date might affect your costs.](#)

Select **SAVE AND CONTINUE.**
- **Select how you'll offer coverage.** On the **Decide how you offer coverage** page, you'll choose whether you want to offer your employees a single plan or a choice of plans. You'll also decide if you'll offer dental coverage.
 - In all states you can select one insurance company and health plan to offer your employees.
 - In some states, you can select one plan category (like Bronze or Silver) and employees are free to choose any plan from any insurance company in the plan category you choose. This is called "employee choice". **Note:** The employee choice option is available in these states in 2015:

| | |
|------------|----------------|
| ▪ Arkansas | ▪ North Dakota |
| ▪ Florida | ▪ Ohio |
| ▪ Georgia | ▪ Tennessee |
| ▪ Indiana | ▪ Texas |
| ▪ Iowa | ▪ Virginia |
| ▪ Missouri | ▪ Wisconsin |
| ▪ Nebraska | ▪ Wyoming |
- **Set your premium contribution.** On the **Set employer premium contribution** page, decide how much you want to contribute toward employee and dependent premiums, if you offer dependent coverage. **Note:** To qualify for the Small Business Health Care Tax Credit, you must contribute at least 50% of the total employee premium. Visit the SHOP Tax Credit Estimator at [HealthCare.gov/small-businesses/provide-shop-coverage/small-business-tax-credits/](https://www.healthcare.gov/small-businesses/provide-shop-coverage/small-business-tax-credits/) to see if you qualify for the tax credit and how much it may be worth to you.

- If you offer one health plan, you'll contribute a fixed percentage of the individual plan premium for each employee and dependent (if you offer dependent coverage).
- If you offer your employees a choice of plans, you have 2 options:
 1. Contribute a fixed percentage of any individual plan premium within a [health plan category](#) (like Bronze or Silver) for each employee and dependent (if you offer dependent coverage). The fixed percentage amount will vary from employee to employee based on their age and the plan they choose.

For example: Jane is 25 and her premium is \$200 per month. John is 60 and his premium is \$300 per month. You decided to pay 80% toward your employees' individual plan premiums (which varies by their age). This means that you'll pay \$160 per month toward Jane's premium and \$240 per month toward John's premium.

2. Contribute a fixed percentage of a specific "reference plan" premium amount that you choose. The reference plan is used only to determine the percentage amount you'll contribute toward your employees' premium.

For example: The reference plan premium is \$100 and your contribution is 50%. You'll pay \$50 toward your employees' premium, even if your employees choose a different plan. The reference plan premium amount will vary from employee to employee based on their age.

Whether you offer one plan or a choice of plans, your percentage contribution will convert to a specific dollar amount that you can use for budgeting purposes. You'll see what the employees' and your premium contribution will be when you compare plans.

Note: You can offer dependent coverage without contributing toward coverage. If you offer dependent coverage without contributing, add a "0" in the dependents percentage contribution box.

After you enter your percentage contribution, select **SAVE AND CONTINUE**.

- **Select a plan.** You'll review and select coverage on the **Select plans** page. If you're offering a single health plan, you can look through the available 2015 plans in your area, compare costs and benefits, and choose one that's right for you and your employees.
- **Select a health plan category.** If you offer your employees a choice of health plans, you'll select one [health plan category](#) (like Bronze, Silver, Gold or Platinum) and your employees can select any plan in that category. If you decide to contribute a fixed percentage toward your employees' premium, you won't need to select a reference plan.

- **Review dental coverage options.** If you're offering dental coverage, compare dental plans and choose one that's right for you and your employees. If you offer your employees a choice of dental plans, you can either select a reference plan for dental coverage, or contribute based on a fixed percentage. If you offer one dental plan, you can contribute based on a fixed percentage.
- **Review coverage selection.** On the **Summary & submit** page, review the details of your coverage offer and submit it. Click on the **My account** tab and select **My enrollment** to view your enrollment details, like your employee participation rate, coverage start date, and enrollment period date.
- **Tell your employees about your coverage offer.** Once you submit your coverage offer, the SHOP Marketplace will send an email to all employees who you provided email addresses with your application. The email includes your participation code and a link to the SHOP website where employees can fill out the employee application and accept or decline the coverage offer.

You're responsible for making sure that all your employees get information about how to enroll in SHOP coverage.

Track employee participation and submit application

- **View employee enrollment status.** Select **My enrollment** to see the list of employees who have responded to your coverage offer. Your employees have to respond by the last day of the enrollment period you set for your employees.
- **Submit your application.** In **My enrollment**, you'll submit your enrollment application after your employees have responded to your coverage offer and you've met your [employee participation requirement](#).
 - Review your application, sign the SHOP user agreement, and select **SUBMIT APPLICATION**.
 - To activate your new coverage you must pay the first month's premium by selecting **PAY NOW**.
- **Pay your first month's premium.** You must submit your first month's premium payment by the enrollment deadline (the 15th of the month prior to the coverage effective date) for coverage to start on the first of the month. The fastest way to submit a payment is online. You can also mail in SHOP payments to:

SHOP Marketplace
PO Box 2130
South Portland, ME 04116

Make checks payable to SHOP Marketplace.

Cancelling or terminating coverage

- If you decide not to offer coverage, or an employee wants to cancel their enrollment, you have until 11:59pm EST to cancel before the coverage effective date. Any payments collected will be refunded by the SHOP Marketplace.

Important: Employees should work with their employers to cancel enrollment.

- If you want to cancel enrollment after the coverage effective date, your coverage will be terminated on the last day of the month in which you cancelled coverage. In this case, you won't get a refund from the SHOP Marketplace. For example, if your group enrolls with a January 1 coverage effective date and you change your mind on or after January 1, the earliest you can terminate coverage is January 31.
- To cancel or terminate coverage, click on the **My account** tab and select **My eligibility**. On the **My eligibility** page select the **Withdraw application** link.

You can also contact the SHOP Call Center at 1-800-706-7893, Monday–Friday, 9am–7pm EST. TTY users should call 711 to reach a call center representative.

